

VERIFICATION FORM – SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) AND/OR TEMPORARY FAMILY ASSISTANCE (TFA) RECIPIENTS (Multiple Applicants)

Adult Member	Child's Name	SNAP/TFA	Has this child been eligible for benefits at any time between the following dates?		
<i>Last</i> Name, First	<i>Last</i> Name, First	Case Number	Dates	Yes	No

Signature of SNAP/TFA Official

Date

City: _____ State: _____ Zip: _____ Phone: _____

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